

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000084940

FILED
May 22, 2006
Secretary of State**Entity Name:** TRUST ATLANTIC REALTY CORP**Current Principal Place of Business:**2341 SW 81 AVE.
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**2341 SW 81 AVE.
MIAMI, FL 33155**New Mailing Address:****FEI Number:** 20-2993674**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FAJARDO, FABIO O
2341 SW 81 AVE.
MIAMI, FL, FL 33155 US**Name and Address of New Registered Agent:**FAJARDO, INES M
2341 SW 81 AVE.
MIAMI, FL, FL 33155 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: INES M. FAJARDO

05/22/2006

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: FAJARDO, FABIO O
Address: 2341 SW 81 AVE.
City-St-Zip: MIAMI, FL 33155**Title:** VP () Delete
Name: GAVIRIA, MAURICIO VICE P
Address: 2341 SW 81 AVE
City-St-Zip: MIAMI, FL 33155**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: FAJARDO, INES M
Address: 2341 SW 81 AVE.
City-St-Zip: MIAMI, FL 33155**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INES M. FAJARDO

P

05/22/2006

Electronic Signature of Signing Officer or Director_____
Date